



## Original Article

# Factors related to the parallel use of complementary and alternative medicine with conventional medicine among patients with chronic conditions in South Korea

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## ABSTRACT

**Background:** This study aims to examine the characteristics and behavioral patterns of patients with chronic conditions behind their parallel use of the conventional medicine (CM) and the complementary and alternative medicine (CAM) that includes traditional Korean Medicine (KM).

**Methods:** This cross-sectional study used the self-administered anonymous survey method to obtain the results from inpatients who were staying in three hospitals in Gyeongnam province in Korea.

**Results:** Of the 423 participants surveyed, 334 participants (79.0%) used some form of CAM among which KM therapies were the most common modalities. The results of a logistic regression analysis showed that the parallel use pattern was most apparent in the groups aged over 40. Patients with hypertension or joint diseases were seen to have higher propensity to show the parallel use patterns, whereas patients with diabetes were not. In addition, many sociodemographic and health-related characteristics are related to the patterns of the parallel use of CAM and CM.

**Conclusion:** In the rural area of Korea, most inpatients who used CM for the management of chronic conditions used CAM in parallel. KM was the most common in CAM modalities, and the aspect of parallel use varied according to the disease conditions.

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## 1. Introduction

Complementary and alternative medicine (CAM) is defined by the National Center for Complementary and Alternative Medicine (NCCAM) as “a group of diverse medical health care systems, practices, and products that are not presently considered to be part of conventional medicine.”<sup>1</sup> Since studies have shown that the use of CAM is increasing worldwide, and that CAM use is widespread even in Western countries where they have an advanced national health care based on cutting-edge modern biomedicine,<sup>2–4</sup> many researchers have been puzzled over the behavior of CAM users that have contributed to its growing popularity.

Studies on CAM use have shown that chronic disease patients utilize CAM more than the general population.<sup>3–6</sup> However, research on the patient characteristics regarding the simultaneous use of CAM along with conventional medicine (CM) has not been established. A recent study conducted at an Israeli tertiary pain clinic demonstrated that chronic pain patients receiving CM treatment used manipulation techniques in addition to their conventional treatments, and also that CAM usage rate in the study population was related to ethnicity, age, and sex.<sup>7</sup> Another study performed at a primary care clinic in Israel also reported that sex, level of education, religious beliefs, and types of chronic conditions affected the utilization rate of the approaches based on integrative medicine that applies the CAM services along with the CM treatment patients get for their conditions.<sup>8</sup> Those findings, however, are limited in two aspects; first, the CAM modalities identified in the studies were confined to those that are available at the treatment sites, and second, the studies did not include therapies or modalities used by the patients on their own despite the fact that the significant portion of CAM use in the United States was accounted for by self-care-based choices.<sup>9</sup>

As a background against which this study should be evaluated, it is important to note the fact that South Korea has a dual health-care system in which Doctors of Korean Medicine (KM) who practice KM have the same legal and institutional rights as Western biomedicine doctors. Therefore, most KM treatments are received by patients under the guidance of the licensed medical doctors with key treatment modalities such as acupuncture and herbal extracts covered by national health insurance.<sup>10</sup> In this study, however, we used a broad, conventional category of CAM in which KM is simply grouped as “whole medical system,” without further elucidating the institutional background considerations thus mentioned.

The objective of this study is to examine the characteristics and behavioral patterns behind the parallel or simultaneous use of CAM, including KM, so that appropriate scientific and policy intervention strategies can be devised to improve the health outcomes for those who resort to parallel use of CAM and CM treatment to control their chronic disease conditions.

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## 2. Methods

This cross-sectional study involved a self-administered anonymous survey with 35 questions. The questionnaires were distributed to inpatients in three long-term care hos-

pitals that were selected by convenience sampling and were all located in Gyeongnam province in South Korea. One researcher (B.C.) and a previously educated nurse working at one of those hospitals distributed the survey forms to all inpatients who were not in the severe state and explained the purpose of the study to get the consents. Patients who agreed to participate in the survey were then instructed to fill out the survey on their own.

The analytic tools and survey questions used in the study were based on the survey contents used by Eisenberg et al,<sup>3</sup> with some modifications to fit the purpose of this study and the circumstances in South Korea. The investigative tools related to the types of CAM were based on the data published by the NCCAM in the National Institutes of Health in the United States. However, some modifications had to be made in the specified CAM categories prepared by NCCAM, as many CAM therapies not only belong to multiple categories but also vary according to the sociocultural contexts where they are utilized. In South Korea, CAM is legally and officially defined as alternative and complementary therapies other than KM, but for the sake of international comparison, it was classified as CAM in this study.

We considered five categories of CAM as NCCAM classified: “natural products,” “mind–body medicine,” “manipulative and body-based practices,” “movement therapies,” and “whole medical systems.” Specifically, items in the “natural products” refer to nutritional and dietary supplements that include cereals, royal jelly, squalene, rich soybean paste, chlorella, green vegetable juice, vitamin B complex, ginseng, and herbs. The category of mind–body medicine included yoga, meditation, hypogastric breathing, and qigong. The manipulative and body-based practices category included Korean hand acupuncture, massage, chiropractic, and reflexology. Movement therapies include stretching, and the category of whole medical system consists of KM therapies such as herbal medicine, acupuncture, cupping, and moxibustion.

General sociodemographic characteristics and other patterns of CAM use were analyzed by frequency analysis, cross-tabulation analysis, and *t* tests. Furthermore, a logistic regression analysis was conducted using SPSS version 18 (SPSS Inc., Chicago, IL, USA) to identify the factors related to the use or nonuse of CAM in chronic disease patients utilizing both CAM and CM simultaneously.

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## 3. Results

A total of 529 questionnaires were distributed and 449 were returned (return rate, 84.9%). Of these, we excluded 26 incomplete questionnaires. Finally, 423 questionnaires were used in the analysis.

### 3.1. Experience of CAM use

As much as 79.0% of the total 423 respondents in the study hospitals experienced CAM utilization. Women (63.8%), patients aged 60–69 (27.8%), married patients (62.6%), patients who believed in Buddhism (39.8%), and lower income patients (49.7%) experienced CAM more than other patients in each sociodemographic group. Subjective health status was lower among CAM users ( $2.68 \pm 0.795$ ,  $p < 0.05$ ), and the degree of

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